

QUERY CONTROL FORM		RTIS USE ONLY	
Application No. <u>09496444</u>	Prepared by <u>PAP</u>	Tracking Number <u>05974262</u>	
Examiner-GAU <u>McElwain-1638</u>	Date <u>8/17/04</u>	Week Date <u>6/28/04</u>	
	No. of queries <u>3</u>	IFW	

JACKET			
a. Serial No.	f. Foreign Priority	k. Print Claim(s)	p. PTO-1449
b. Applicant(s)	g. Disclaimer	l. Print Fig.	q. PTOL-85b
c. Continuing Data	h. Microfiche Appendix	<input checked="" type="checkbox"/> m. Searched Column	r. Abstract
d. PCT	i. Title	n. PTO-270/328	<input checked="" type="checkbox"/> s. Sheets/Figs
e. Domestic Priority	j. Claims Allowed	o. PTO-892	t. Other

SPECIFICATION	MESSAGE
a. Page Missing	① Field of Search (SRFW) data is illegible due to scanning. Copy attached for reference.
b. Text Continuity	② Should both 09/398,858 and 60/101,551 be printed and what is the relationship to 09/257,131. See page 1 lines 9-12 of specification.
c. Holes through Data	③ Are there drawings with this file - Bib sheet indicates none and there is no mention of figures in the specification
d. Other Missing Text	
e. Illegible Text	
f. Duplicate Text	
g. Brief Description	
h. Sequence Listing	
i. Appendix	
j. Amendments	
<input checked="" type="checkbox"/> k. Other	
CLAIMS	
a. Claim(s) Missing	
b. Improper Dependency	
c. Duplicate Numbers	
d. Incorrect Numbering	
e. Index Disagrees	
f. Punctuation	
g. Amendments	
h. Bracketing	
i. Missing Text	
j. Duplicate Text	
k. Other	
	RESPONSE
	① Transcribed copy is attached, was scanned for scanning
	② 09496444 is a continuation-in-part of 60/119,857, 09/398,858, 60/101,551, & 09/257,131. See REF 02/02/2000 in file, copy attached; page 1 of spec amended by examiner's amendment also.
	③ There are NO drawings or figures submitted with a declaration were mislabeled in IFW, but this has been corrected.

Thank you

initials PAP

initials CC

LET 02/02/2000

Attorney Docket No.: 1109

15. ☐ Certified Copy of Priority document(s)

16. ☐ Other:

17. If a **CONTINUING APPLICATION**, check the appropriate box and supply the requisite information: ☐ Continuation ☐ Divisional ☒ Continuation-in-part (CIP) of prior application No: US 60/119,857, US 09/398,858, US 60/101,551 and US 09/257,131.

**18. CORRESPONDENCE ADDRESS**

☐ Customer Number or Bar Code Label: \_\_\_\_\_  
(Insert Customer No. or Attach bar code label here)  
or

☒ Correspondence address below

Name: Marianne H. Michel

Address: Pioneer Hi-Bred International, Inc.  
Corporate Intellectual Property  
7100 N.W. 62<sup>nd</sup> Avenue  
P.O. Box 1000

City Johnston State: Iowa Zip Code: 50131-1000

Country: USA Phone: (515) 334-4467 Facsimile: (515) 334-6883

**19. FEE CALCULATION**

☒ The total fee is calculated as shown below:

Basic Filing Fee						\$ 690.00
Total Claims	63 - 20	= 43	x	\$ 18.00		774.00
Independent Claims	6 - 3	= 3	x	\$ 78.00		234.00
<input type="checkbox"/> Multiple Dependent Claims present			+	\$260.00		\$
TOTAL FILING FEE						<u>\$1,698.00</u>